

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023098

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No. 4014

Registrar's No. 52

FILED JUN 19 1963

VS 300 Rev. 4/59		DATE AMENDED		1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt	
1 0030		DATE AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		c. CITY OR TOWN Forest City	
2 0440		DATE AMENDED		Length of stay in 1b 8 days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3		DATE AMENDED		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital		d. STREET ADDRESS (If outside, give location)	
4 0		DATE AMENDED		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5 1		DATE AMENDED		3. NAME OF DECEASED First Middle Last John Wood		4. DATE OF DEATH Month Day Year June 3, 1963	
6		DATE AMENDED		5. SEX Male		6. COLOR OR RACE White	
7 1		DATE AMENDED		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-21-81	
8 2		DATE AMENDED		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common Laborer	
9 053.4		DATE AMENDED		11. BIRTHPLACE (City and state or country) Guthrie Center, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.	
10		DATE AMENDED		13a. FATHER'S NAME John Wood		13b. MOTHER'S MAIDEN NAME Matilda	
11		DATE AMENDED		14. NAME OF HUSBAND OR WIFE Alice Edna Wood		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
12 1-0		DATE AMENDED		16. SOCIAL SECURITY NO.		17. INFORMANT Address Missouri Holt County Welfare Office, Mound City.	
13 1-0		DATE AMENDED		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Anoxia DUE TO (b) Cardiac Arrest DUE TO (c) Septicemia		INTERVAL BETWEEN ONSET AND DEATH 4 min. 4 min. 2 hrs	
		DATE AMENDED		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Nerve Prostatitis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
		DATE AMENDED		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		DATE AMENDED		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
		DATE AMENDED		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
		DATE AMENDED		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		DATE AMENDED		20f. CITY, TOWN, OR LOCATION Mound City, Missouri		COUNTY STATE	
		DATE AMENDED		21. I attended the deceased from July 1959 to June 3, 1963 and last saw her alive on June 3, 1963		Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.	
		DATE AMENDED		22a. SIGNATURE (Degree or title) James H. Humphrey		22b. ADDRESS Mound City, Missouri	
		DATE AMENDED		22c. DATE SIGNED 6/7/63			
		DATE AMENDED		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/7/63	
		DATE AMENDED		23c. NAME OF CEMETERY OR CREMATORY Oregon Cemetery		23d. LOCATION (City, town, or county) Oregon, Missouri	
		DATE AMENDED		24. FUNERAL DIRECTOR James H. Pettigrew		25. DATE RECD. BY LOCAL REG. June 12, 1963	
		DATE AMENDED		26. REGISTRAR'S SIGNATURE Matilda Schuchter			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No. 3192

P. O. Address

Oregon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.